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Item 4 of the provisional agenda**

Draft country programme document***

Cape Verde

Summary

The Executive Director presents the draft country programme document for Cape Verde for discussion and comments. The Executive Board is requested to approve the 2005 indicative budget of $611,000 from regular resources, subject to the availability of funds, and $450,000 in other resources, subject to the availability of specific purpose contributions, for 2005.

* The submission of this document was delayed, owing to the need for consultations with the UNICEF country office.
** E/ICEF/2004/8.
*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

04-30559 (E) 280404 290404

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	0.2
U5MR (per 1,000 live births)	38
Underweight (% moderate and severe, 1994)	14
Maternal mortality ratio (per 100,000 live births) (2000)*	76
Primary school enrolment (% net, male/female, 2001)	96/95
Primary school children reaching grade 5 (%, 1998)	91
Use of improved drinking water sources (%, 2000)	74
Adult HIV prevalence rate (%)	1.1
Child work (%, children 5-14 years old)	...
GNI per capita (US$)	1 290
One-year-olds immunized against DPT3 (%)	94
One-year-olds immunized against measles (%)	85

* WHO/UNICEF/UNFPA estimate the maternal mortality rate at 150 per 100,000 live births for the year 2000. This estimate is readjusted when there is an error of classification or under-assessment.

The situation of children and women

1. The Republic of Cape Verde is a Sahelian archipelago of 10 islands situated about 450 kilometres off the coast of Senegal. Only one tenth of its area is arable land. The average population density is 109 inhabitants per square kilometre. This demographic pressure on limited resources is aggravated by structural vulnerabilities such as insularity, chronic drought, shortage of water and fragility of ecosystems. The economy depends on the outside: Cape Verde imports most foodstuffs, and official development assistance and remittances from emigrants account for 27 per cent of the gross national product. Droughts are very frequent and necessitate emergency relief measures. This is currently the situation in the northern islands, where the Government is launching an emergency programme for the affected populations.

2. Good governance and prudent management of aid has enabled Cape Verde to improve its social indicators, without, however, changing the structural basis of its vulnerability, reflected by high rates of unemployment (17 per cent), poverty (29 per cent of households are poor, including 19 per cent which are very poor) and food dependency. The Government is therefore very concerned about the possibility of Cape Verde leaving the group of least developed countries, which would risk depriving it of access to certain types of concessional aid.

3. The maternal mortality rate is estimated at 76 per 100,000 live births, and the infant-child mortality rate is 38 per 1,000 live births. The three main causes of infant-child mortality are perinatal infections, infectious and parasitic diseases and respiratory infections. Among the underlying factors, it may be noted that 54.5 per cent of the population has no access to safe means of excreta disposal, 25 per cent has no source of drinking water, and only 50 per cent of births are attended by qualified personnel, not to mention malnutrition, which can reach 20 per cent among the poorest sectors. The immunization coverage for DTC3 is 94 per cent, and for

measles, 85 per cent. Despite these commendable immunization efforts, in recent years the country has experienced epidemics of cholera, measles and poliomyelitis, indicative of fluctuations in the performance of the expanded programme on immunization (EPI) and the precarious nature of the "gains" in Cape Verde.

4. The education sector continues to receive significant resources from the Government and partners, which have made it possible to attain a net primary school enrolment rate of 96 per cent (boys) and 95 per cent (girls), even though the quality still needs improvement. One of the constraints to achieving universal primary education is the phenomenon of children who have not been registered with the civil authorities, and of child workers (estimated at 8 per cent of children 10-17 years of age, according to the 2000 Census).

5. The promotion of the rights of children and women is a Government priority. The two Optional Protocols to the Convention on the Rights of the Child were ratified and deposited at the Special Session of the General Assembly on Children, in 2002. The national committee for human rights, established in 2001, drew up the national plan of action for monitoring human rights, including children's rights. Women, however, remain the most affected by unemployment, poverty and illiteracy. Moreover, women and children are also victims of violence within the family, and in schools to a lesser extent. This problem is receiving attention from the highest authorities, and is already the subject of studies and of preventive measures and penalties.

6. The first case of AIDS occurred in 1986. In 2002, the incidence of HIV/AIDS in the adult population was 1.1 per cent. In order to maintain this low incidence, a national strategic plan to combat HIV/AIDS was adopted in 2002, mainly targeting prevention at the level of young people and women, and the prevention of parent-to-child transmission. Parent-to-child transmission accounts for 5 per cent of all recorded cases, and children represent 7 per cent of the infected population. The incidence of HIV-seroprevalence rose from 30 to 34 per 100,000 between 2001 and 2002.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

7. At the level of health, and in close collaboration with the World Health Organization (WHO), the programme contributed to the organization of national days of immunization against poliomyelitis, in 2001, 2002 and 2003, with a coverage rate of 91 per cent, 98 per cent and 95 per cent respectively; and a national campaign against measles in 2002, with a coverage rate of 96 per cent for children under 15 years of age. A vaccine against hepatitis B has been included in EPI since 2002, with the assistance of the Italian Government. With regard to nutrition, mention should be made of the formulation and enactment of legislation and of a plan of action for universal salt iodization; consumption of iodized salt has already risen above 50 per cent. The Baby-Friendly Hospital Initiative has been extended to three of the five hospitals and to health centres and communities in 5 of the 17 municipalities. Iron supplementation was introduced in 2003, in all the primary schools. In partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and WHO, UNICEF contributed to the formulation of the national strategic plan to combat HIV/AIDS (2002-2006), in particular to aspects linked to the prevention of vertical parent-child transmission, and support for orphans and vulnerable children.

8. In the area of water, hygiene and sanitation, the programme made a decisive contribution to the formulation of a national sanitation policy, which was adopted by the Government in 2003. Water and sanitation infrastructure has been improved in poor rural areas, particularly Santiago, Fogo and Santo Antão. The capacities of municipalities in solid waste management have been strengthened, and over 20,000 people have gained access to drinking water; hygiene and sanitation conditions have been improved in 73 schools and kindergartens. An experiment in collecting rainwater for schools is an innovative programme activity which the Government has approved for an experimental phase.

9. A geographic information system has been established, which now provides information on 100 per cent of the water points (wells) and other water infrastructure, and covers 60 per cent of primary schools and health centres. The system's gains will be integrated into a system of monitoring and evaluation of development indicators which will be based on the *DevInfo* system.

10. The key results achieved at the level of education are: improvement of facilities at the pre-school level, through the supply of furniture and of educational play materials (5 per cent of kindergartens per year); strengthening of competencies of almost all the pre-school teaching personnel, and of 30 per cent of primary school teachers; improvement of learning conditions and achievement rates of about 10 per cent of students through the supply of textbooks; training/awareness-raising for pre-school and primary-school teachers with regard to gender-equality, awareness-raising about violence in the educational system; integrated education with particular attention to children needing specialized education; establishment of a process for formulating a national policy for the integrated development of the young child, introduction of life skills training in curricula; improvement of the production and dissemination of education statistics; development of associative dynamics in schools (in 9 of the 17 municipalities); and encouragement of girls' schooling through the supply of school uniforms to girls from poor families.

11. The already high coverage of pre-school education (over 60 per cent), the experience gained by UNICEF in this area, and the outcome of the round table on young child development in 2001, constitute a basis for defining a national policy and instituting pilot experiments on the integrated development of the young child. Regular attendance at health centres offers an opportunity to improve the integrated care of infants from 0-18 months of age, with increased involvement of families in the encouragement of exclusive breastfeeding, integrated management of childhood illness (IMCI), birth registration, and prevention of parent-to-child transmission of HIV.

12. In accordance with the recommendations of the Committee on the Rights of the Child, of October 2001, the Government, in the new Criminal Code, has increased the penalties for rape of minors under 18 years of age, and given more latitude to the judicial authorities to investigate cases.

13. Children's right to participation is taken seriously by Governmental and non-governmental leaders, which has led to increasing participation by children and adolescents in various national events. The institutionalization of the children's parliament, and the involvement in this process of the National Assembly and the Ministry of Education, demonstrate the importance of this question.

14. Mobilization for the Global Movement for Children and the "Say Yes for Children" campaign offered an opportunity to involve the whole of society in questions

relating to children. The participation of the President of the Republic at the Special Session of the General Assembly on Children, in 2002, reflects political receptiveness to the implementation of *A World Fit for Children*, but a more effective monitoring system is necessary to ensure conclusive results. The Government has decided to resume its contribution to the regular resources of UNICEF.

15. The United Nations Development Assistance Framework (UNDAF) has helped strengthen the team spirit and ensure better complementarity of the actions of the United Nations system.

Lessons learned

16. Despite the progress made in the field of health, there are signs of vulnerability. They include, in particular, the decline of immunization coverage during the 1990s, and epidemics of measles in 1997 and of poliomyelitis in 2000. While the integration of EPI in health services theoretically ensured better access to immunization, it also "diluted" the resources available for the programme. This trend was exacerbated by the reduction in assistance for EPI. The external review in 2003 therefore recommended a strengthening of EPI in terms of human, material and financial resources.

17. An important programme strategy, especially in the area of education, and of water and sanitation, was the formulation of municipal plans of action with mayor's offices and other partners. The mid-term review showed that this decentralization made it possible to better target beneficiaries and manage resources through this dialogue with local actors. In order to improve results, however, technical support to these partners will need to be strengthened, inter alia for the maintenance and management of public works.

18. Issues of child protection have been more accurately identified through the publication of studies on phenomena such as violence against children, disabled children, children who were not registered at birth, and street children. This will make it possible to improve the targeting of assistance.

19. Since changes in behaviour in terms of women's and children's rights and health and hygiene practices are essential to the attainment of the goals of the programme, UNICEF will progressively increase the human and financial resources for information and communication, within the framework of an integrated communication plan, in accordance with the recommendation of the mid-term review.

Programme of work (2005)

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Basic social services	281	350	631
Social policy development	140	100	240
Cross-sectoral costs	190	-	190
Total	**611**	**450**	**1 061**

Preparation process

20. This one-year extension of the country programme was agreed upon with the Government in order to synchronize the programming cycles of UNICEF and other agencies, in particular the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Food Programme (WFP). The guidelines and content are the same as for the ongoing programme, with certain adaptations identified in the mid-term review in 2002 and in the annual review in 2003 organized by the Directorate-General for International Cooperation and the Directorate-General for Planning. This extension also made it possible to align the programme more closely with the priorities of the UNICEF medium-term strategic plan, particularly in the areas of HIV/AIDS and protection, and to refocus water and sanitation activities in schools and kindergartens, within the framework of goal (d) below.

Goals, key results and strategies

21. The 2005 country programme extends the activities carried out under the goals of the general plan of operation of the previous programme, which are as follows: (a) to reduce the infant-child mortality rate by 25 per cent; (b) to reduce the maternal mortality rate; (c) to reduce by 25 per cent the rate of serious and moderate malnutrition among children under five years of age; (d) to improve the quality of teaching and learning at the level of basic education; and (e) to reduce all forms of violence and maltreatment of children and women in primary schools, within the family and in society. The mid-term review added the goals of reducing parent-child transmission and HIV propagation among young people; eradicating poliomyelitis, eliminating neonatal tetanus and controlling measles; and improving the care of the young child.

22. The key results for this year, which are in line with the goals of the medium-term strategic plan, are:

(a) Development of the young child: formulation of a national policy; reduction of malnutrition among children under five years of age; exclusive breastfeeding rate to be increased to 40 per cent; universal salt iodization; launching of the pilot phase of IMCI, including the community component;

(b) Immunization: immunization coverage increased to 90 per cent for each antigen, including hepatitis B and tetanus toxoid; eradication of poliomyelitis, control of measles and elimination of neonatal tetanus;

(c) Girls' education: quality of education improved; approach based on gender equality instituted in schools; norms and rules in respect of school hygiene and sanitation formulated and disseminated;

(d) AIDS control: activities for prevention of parent-child transmission carried out at the national level; national policy for orphans and other vulnerable children adopted; prevention plan for young people formulated and implemented in conjunction with youth movements;

(e) Child protection: strengthening of the national response to violence, abuse and maltreatment; universal birth registration; better knowledge of rights and of the most common rights violations.

23. The key strategies are those of the 2000-2004 programme. These strategies, which were validated during the mid-term review, with some adjustments, are as follows:

(a) National, municipal and community capacity-building, in the various areas of social development;

(b) Information, education and communication to increase respect for the rights of children and women, change behaviour in respect of health, nutrition and hygiene practices, and strengthen policies and mobilize families around the programme goals;

(c) Networking with civil society organizations, particularly non-governmental organizations (NGOs) and municipalities, and the private sector, in order to promote community participation at all levels;

(d) Close cooperation with United Nations agencies within the framework of the UNDAF, and with development partners, in order to ensure synergy and the optimal use of resources;

(e) Development of strategic actions to promote improvement of the quality, sustainability, replicability and intersectoral nature of programmes;

(f) Convergence and coordination of actions in underprivileged areas to benefit the most vulnerable groups by engaging in decentralized cooperation with municipalities and communities. The programme is operating in 10 of the 17 municipalities, according priority to those most affected by poverty and emerging social problems, particularly Sao Miguel, Santa Cruz, Sao Filipe, Mosteiros and Brava (representing about 22 per cent of the country's population);

(g) Use of the principles of results-based management, which involves rigorous planning and budgeting, strengthening of monitoring and evaluation systems at the national and local levels, and clear attribution of roles and responsibilities in order to make each person responsible.

Relationship to national priorities and the UNDAF

24. The programme is consistent with the priorities of the national development plan (2002-2005) and with the follow-up to the Special Session of the General Assembly on Children. The goals are in line with the Millennium Development Goals, and to those of the poverty reduction strategy paper which is being prepared. The poorest municipalities and populations have been targeted.

25. The programme takes into account the priorities of the UNDAF, the main framework for action by the United Nations system. The basic social services programme corresponds to the following components of the UNDAF: quality education; promotion of access to quality health services; drinking water, hygiene and sanitation. Similarly, the HIV/AIDS component of the UNDAF accords with the priorities of the country programme in this area. The social policy development programme incorporates the main areas of activity of the UNDAF in relation to promotion of good governance through activities to promote human rights, particularly the rights of children and women, and to promote gender equality.

Relationship to international priorities

26. The programme accords with the Millennium Development Goals. All the components are in line with the first goal, concerning poverty. The goals of reducing

infant-child, maternal and perinatal mortality and activities to combat HIV/AIDS are linked with the fourth, fifth and sixth goals. The goal of universal primary education and equality between boys and girls is in line with the second and third goals. Efforts to improve access to drinking water and to hygiene and sanitation infrastructures (particularly in schools and pre-school institutions) will contribute to the seventh goal.

Programme components

Basic social services

27. The health and nutrition project will help reduce infant-child mortality rates and maternal mortality. It will also strengthen the campaign against HIV/AIDS, especially reduction of parent-to-child transmission, and prevention of HIV/AIDS among young people. Emphasis will be placed on increasing EPI coverage, support for the introduction and maintenance of new vaccines, particularly hepatitis B, eradication of poliomyelitis, elimination of neonatal tetanus and control of measles. The pilot phase of IMCI will be conducted in collaboration with WHO, paying attention to the psychosocial and cognitive aspects in addition to traditional clinical and community aspects. The Baby-Friendly Hospital Initiative will be extended to the two remaining hospitals. Within the context of the integrated development of the young child, it is envisaged that health and nutrition will be improved at the pre-school level. Iron supplementation will be continued, particularly in schools, as well as vitamin A supplementation in health services. In combating HIV/AIDS, UNICEF will facilitate access to medicines through purchasing services. With a view to reducing maternal and neonatal mortality, UNICEF will contribute to a better causal analysis of the problem, and will continue activities to strengthen the capacities of the national reproductive health programme, in partnership with UNFPA, WHO and the Japanese International Cooperation Agency.

28. The basic education project will help achieve universal primary education, according priority to improvement of the quality of teaching and learning. In order to attain this objective, special attention will be paid to the training of primary school and pre-school teachers, supply of textbooks to about 10 per cent of poor students, and supply of school uniforms to about 5 per cent of girls from the poorest families. UNICEF, in partnership with UNFPA, will support the introduction of life skills training in the primary education curriculum, and promotion of the gender equality approach.

29. The programme will also contribute to the formulation of, and support the implementation of, a national policy for the integrated development of the young child, through the establishment of a pilot experiment, in partnership with the Ministry of Education and the World Bank.

30. The water, hygiene and sanitation project will contribute to the implementation of the national sanitation policy, formulated with the support of UNICEF. Schools and pre-school institutions are regarded as the main areas of intervention to bring about a long-term change in the attitudes and behaviours of the population with regard to hygiene and sanitation. The project will contribute to the construction and rehabilitation of sanitary facilities in 15 primary schools. At the national level, the project will support the establishment of institutional and regulatory conditions (rules and norms for schools and pre-school institutions) which will serve as a

framework for the implementation of the sanitation policy and the social mobilization necessary for changing attitudes and behaviours.

31. The social policy development project will contribute to greater incorporation of the rights of children and women in policies and programmes, with an emphasis on poverty reduction programmes and strategies, and the formulation of a national policy for the integrated development of the young child. The project will support the conduct of studies and surveys on the situation of children and women, taking into account age and gender differentiated data. It will also support institutional capacity-building at the central and municipal levels in the areas of planning, monitoring and evaluation. In this context, the *DevInfo* system will be used for a more systematic monitoring of the Millennium Development Goals, in partnership with United Nations agencies. Bearing in mind Cape Verde's vulnerability, the project will support emergency preparedness, with an emphasis on the surveillance system and the capacity to carry out rapid surveys, so as to better anticipate the effects on women and children.

32. The protection project was designed after the mid-term review, in order to target children in at-risk and vulnerable situations, in accordance with national policies and the medium-term strategic plan. For child victims of violence and abuse, the project will take an innovative approach by supporting alternative arrangements for the care of child victims (emergency centre already in existence), particularly specialized care and training. Priority will be given to strategic actions identified by the ongoing study on child abuse and sexual exploitation. The campaign for the universal registration of births will be supported by the institutional capacity-building and strengthening. Information, education and communication activities will be carried out to improve awareness of rights, and to strengthen information and community surveillance systems for child protection. An analysis of the situation with regard to child labour will be undertaken. Continuing the activities already carried out to promote children's right to participation, municipal assemblies are to be set up in all the municipalities, with broad dissemination of their work. In the area of HIV/AIDS, the project will support the formulation of a project for the protection and care of orphans and vulnerable children.

33. **Cross-sectoral costs** include the management expenses and other support necessary for the effective implementation of the programme, including planning, coordination and supervision on the ground. This category also includes the costs of certain key personnel, purchase and transportation of the necessary supplies and equipment, and a proportion of the costs of rent and related services (security, communications, etc.).

Major partnerships

34. The programme plans to continue the partnership with the Italian Government to ensure the availability of the vaccine against hepatitis B in the EPI. With French cooperation, the main areas are protection, adolescents and promotion of rights. The Japanese International Cooperation Agency is an active partner in combating maternal mortality. The United States Fund for UNICEF supported the national immunization days against poliomyelitis.

35. Operational cooperation with the World Bank, WHO and UNAIDS in combating HIV/AIDS will be enhanced through future cooperation with the Global Fund to fight AIDS, Tuberculosis and Malaria, aimed mainly at caring for sick persons with antiretroviruses.

36. Cooperation with United Nations agencies is guided by the common country assessment and the UNDAF finalized in 2002; partnership with WHO in HIV/AIDS, EPI and IMCI will continue; the control of maternal mortality and activities to benefit adolescents are two areas where the existing partnership with WHO and UNFPA will be strengthened. Assistance will be sought from the International Labour Organization and the United Nations Office on Drugs and Crime for activities associated with the labour and sexual exploitation of children.

37. For education, the partnership with UNDP, the United Nations Educational, Scientific and Cultural Organization and WFP will aim to eliminate the economic and sociocultural obstacles to girls' education, including alleviation of costs for families linked with girls' education and the promotion of "child-friendly school/girl-friendly school" initiatives. In addition, activities for the promotion of competencies in everyday life will be conducted with UNFPA. With regard to water and sanitation in schools, the programme is receiving support from the French Committee for UNICEF.

38. In the area of the integrated development of the young child, the programme will benefit from cooperation with the World Bank.

Monitoring, evaluation and programme management

39. The Directorate-General for International Cooperation will ensure coordination of the implementation of the country programme, and will organize with UNICEF an annual meeting for evaluation and planning. The technical ministries will ensure proper execution of the programme components in their respective areas. The coordinating committee for the control of HIV/AIDS will coordinate the HIV/AIDS components in an intersectoral context. The Government will support the efforts of UNICEF to mobilize the remaining resources from bilateral partners, NGOs, national committees for UNICEF and the private sector.

40. In the light of the recommendation of the mid-term review to strengthen the intersectoral nature of the various projects, particular emphasis will be placed on better team coordination so as to take more fully into account cross-cutting themes such as the integrated development of the young child and gender equality. Monitoring and evaluation will also be strengthened, as a prerequisite for the implementation of results-based management, and the promotion of organizational learning. Regular field visits will facilitate programme monitoring, as well as the holding of planning and monitoring meetings with targeted municipalities.

41. A set of indicators will allow evaluation of the progress and results of the programme in the key aspects relating to survival (mortality and malnutrition rates, drinking water coverage, morbidity rate, prevalence of HIV/AIDS), development and education (net school enrolment rate, teacher/student ratio, student/classroom ratio, etc.) and the protection of children and women (number of child workers, number of cases of maltreatment, violence and sexual abuse). The evaluations will be conducted jointly by the Government and UNICEF with the participation of other partners and beneficiaries. The second demographic and health survey, which will be carried out in 2004-2005, will update the information on health indicators, including the incidence of HIV/AIDS, which is useful for the monitoring and evaluation of the cooperation programme.

42. Cape Verde has been selected to test new approaches of inter-agency cooperation, particularly in the development of a common system of management with a view to budgetary savings and better programming performance.

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Draft country programme document**

Southern Cone area: Argentina, Chile and Uruguay

Summary

The Executive Director presents the draft country programme document for the Southern Cone countries of Latin America (Argentina, Chile and Uruguay), for discussion and comments. The Executive Board is requested to approve the aggregate indicative budgets for Argentina, Chile and Uruguay of $5,900,000 from regular resources, subject to the availability of funds, and $18,800,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site on 24 October, together with the summary results matrix. The document will then be approved by the Executive Board at its first regular session of 2005.

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Introduction

1. The 2002-2004 country programmes for Argentina, Chile and Uruguay were presented to the Executive Board in a single document for the Southern Cone area (E/ICEF/2001/P/L.61) because of commonalities in the situation of children and similar programmatic interventions. The three countries continue to share many programmatic concerns, and the midterm review (MTR) recommended preserving the area approach.

2. The Southern Cone countries are relatively advanced in economic terms, with generally favourable social indicators, but strong disparities and inequalities persist. Through advocacy, information, communication and social mobilization, there is ample space for UNICEF to play a role in promoting dialogue for the promotion and monitoring of child rights.

3. Although the programme remains primarily country-specific, the Southern Cone area dimension plays a significant role in UNICEF cooperation. Similar situations provide opportunities for systematic interchange of experiences, best practices and institutional resources, in some cases leading to the implementation of common programming approaches. The most successful initiative so far has been joint training on child rights, which is helping to strengthen and expand the capacities of rights-conscious citizens and institutions. Other common initiatives will include legal and institutional reform, education, HIV/AIDS prevention, social monitoring and the creation of opportunities for children to express their ideas and opinions.

4. UNICEF programmes in the Southern Cone are also helping to define the organization's role in countries in transition, where resources may be sufficient to provide basic services for all but where discriminatory policies and practices result in unequal access to resources and opportunities. The experience of the Southern Cone shows that UNICEF support is needed to build a "critical mass" of socially responsible citizens committed to children's rights, to ensure that rights violations are recognized and addressed and that progress will be irreversible.

5. Prior to the 2002 economic crisis, Argentina, Chile and Uruguay were all designated as "countries in transition" and were moving towards alternative modes of UNICEF presence and support. After the crisis, Argentina and Uruguay were reallocated regular resources for their programmes up to 2009. Chile has a reduced annual regular resources allocation of $300,000 that will end in 2007. UNICEF will require an evolving but sustained presence in the three countries if it is to support them in ensuring respect for children's rights.

Area management

6. The area structure functions as a hub for information exchange and knowledge-generation and co-managing initiatives shared by the three countries. The Area Management Team, formed by the three heads of office and other senior staff, will be strengthened as a mechanism for jointly solving common problems and addressing administrative and programmatic issues. An assessment of the Southern Cone Processing Centre, serving the three countries since 2001 in the areas of operations, finance and personnel, points to cost savings, economies of scale and strengthening of technical expertise.

Preparation process

7. The proposed country programmes were prepared using a joint approach that included an MTR and strategy meeting for each country, preceded by an area MTR. The three countries are not scheduled to develop a United Nations Development Assistance Framework and do not have recent Common Country Assessments.

A. Argentina

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	12.3
U5MR (per 1,000 live births)	19
Underweight (%, moderate and severe, 1995-1996)	5
Maternal mortality ratio* (per 100,000 live births, 2002)	46
Primary school enrolment (% net, male/female, 2000)	100/100
Primary school children reaching grade 5 (%, 1999)	90
Use of improved drinking water sources (%)	..
Adult HIV prevalence rate (%, 2001)	0.7
Child work (%, children 5-14 years old)	..
GNI per capita (US$)	4 060
One-year-olds immunized against DPT3 (%)	93
One-year-olds immunized against measles (%)	95

* The WHO/UNICEF/UNFPA estimate for MMR is 82 per 100,000 live births for 2000. This estimate is adjusted for misclassification and underreporting.

The situation of children and women

8. Argentina faced an unprecedented economic crisis during 2001-2002. Unemployment increased from 13 per cent in 1998 to 22 per cent in 2002. By mid-2003, 71 per cent of urban children and 40 per cent of all children were living below the poverty line. In the six northern provinces most affected by the crisis, 80 per cent of children were living in poverty. Close to 60 per cent of national income was distributed among only one third of the population, with large disparities between regions. In response to the crisis, the Government provided cash subsidies to low-income families, but weak coordination among different programmes and branches of the social sector limited the impact of this effort.

9. Some parts of the country experienced an increase in chronic malnutrition among young children. Studies carried out by health authorities in Tucumán in 2002 showed a prevalence of malnutrition of 19 per cent. Approximately 35 per cent of pregnant women and 50 per cent of children under two years have anaemia, and data from two provinces in the north-eastern region suggest that anaemia is also prevalent among children six to eight years old.

10. While the infant mortality rate (IMR) has been declining for the last 10 years, the crisis interrupted this positive trend, with some estimates showing that IMR increased from 16 per 1,000 live births in 2001 to 17 in 2002. Some 60 per cent of infant deaths are from preventable causes, including lack of access to quality primary health care (PHC) services, and of accurate diagnosis and/or timely treatment, especially in the poorest provinces. The crisis also increased the risk of maternal mortality, particularly in the poorest provinces. Formosa, for example, has a maternal mortality rate of 166 per 100,000 live births, compared to 14 in Buenos Aires and a national figure of 46. This risk is exacerbated by the young age of poor mothers, with 27 per cent of low-income women giving birth before the age of 20, compared with 2 per cent of high-income women.

11. Birth registration is weaker in rural areas, especially among the indigenous population in the northern region. In spite of efforts made by the Maternal-Infant Programme, which has reached around 50,000 children under five years, the majority of poor children do not have access to early childhood services.

12. The risk of dropping out of school is strongly associated with the impoverishment of families, and there are indications that access to education could decrease, especially in the poorest provinces, despite national figures that show almost universal coverage. Argentinean law stipulates 10 years of basic education for all children, starting at five years of age and including one year of pre-school and three basic education cycles of three years each. However, only 75 per cent of five-year-olds attend pre-school, and strong regional disparities persist for the entire basic education cycle. There are no apparent gender differences in educational access.

13. Repetition, often associated with dropping out, affects mainly poor children, with those belonging from the poorest fifth of the population five times more likely to repeat a grade than those from higher income groups. In 2001, around 30 per cent of children who registered for the last cycle of basic education did not complete it; and 10 per cent did not complete the additional two years of secondary education. In total, 500,000 adolescents between 12 and 17 years of age are out of school. Child labour, also a major cause of school drop outs, has grown dramatically since the onset of the crisis, with increasing numbers of children needed to contribute to their families' income. An estimated 27 per cent of urban children aged 10-14 years were working in 2001, compared to 9 per cent in 1997.

14. Available information shows a relatively low incidence of HIV/AIDS, but increasing risks for women, adolescents and children. Voluntary testing is not sufficiently widespread to provide an accurate picture of the epidemic. Between 1990 and 2001, the male/female ratio of infection shifted from 9:1 to 2:1. Those most affected by AIDS are between 25 and 34 years old, with many estimated to have been infected when they were adolescents. While intravenous drug use was the main cause of infection until 2000, unprotected sexual intercourse is now the main culprit.

15. The crisis increased children's vulnerability and highlighted the lack of an institutional mechanism to monitor the situation of children and take adequate measures to protect their rights, especially with regard to child abuse, exploitation, discrimination and institutionalization. Legal and institutional reforms are still needed to ensure that children are protected according to the principles of the

Convention on the Rights of the Child. There is no juvenile justice system establishing guarantees of due process for adolescents in conflict with the law.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

16. The 2002-2004 country programme was designed from the perspective of a country in transition. In response to the socio-economic crisis, the country programme focused its activities on supporting the Government in the areas of health, nutrition and education. Some activities started as emergency interventions on a limited scale are now expanding into mainstream, long-term programmes.

17. One of the most successful interventions was the nutrition, literacy and psychological development project. It helped families and teachers to improve their knowledge of adequate child nutrition, care and development, benefiting 350,000 children in two of the most excluded provinces. Two municipalities in Tucumán Province, where children died from malnutrition in 2002, started a project to strengthen families' knowledge of nutrition issues. The programme has reached approximately 30,000 families and was extended to three other municipalities by the Ministry of Social Development. Also in support of improved nutrition, laws were enacted on flour fortification and food security, with technical assistance from UNICEF.

18. Since the declaration of the emergency, the Ministry of Education and corresponding provincial ministries have implemented special programmes to give children from the poorest provinces access to education and food during the summer. Around 1,500 schools have remained open during the school holidays, and more than 45,000 families, 300,000 children, 3,200 teachers and hundreds of other community members have participated. Five of the poorest provinces began implementing early alert systems to monitor children's access to and retention in schools. This is considered a priority by the Ministry, which plans to extend the system to other schools throughout the country. In addition, the Ministry adopted as a national policy the organization of youth activity centres to promote inclusion, retention and adolescent participation. The centres started in four provinces during the crisis, and the Government plans to extend them to all provinces. UNICEF also supported the return to school of 73,000 children affected by the flood emergency in the province of Santa Fe.

19. Despite the economic crisis and currency fluctuation, UNICEF managed to sustain a successful local fund-raising operation and to finance a large part of the 2001-2004 country programme with private sector contributions. This success in fund-raising was due to the strong image and positioning of UNICEF in Argentina. The operation includes 30,000 individual donors who contribute regularly as well as corporate donations and fund-raising events. With a projected annual increase of 29 per cent, the office has a solid base of financial backing to start the new programme cycle.

Lessons learned

20. An analysis of the causes behind the Argentinean crisis reveals underlying structural weaknesses in the country and its similarity to other countries in the region. The crisis should not be considered a one-off episode to be addressed by short-term delivery of emergency remedial services, necessary as they were. These must be complemented and then replaced by long-term programmes and policies to strengthen the situation of families and children.

21. To be sustainable, social policies must relate to economic policies addressing the structural roots of the non-fulfilment of child rights. The new country programme will strengthen the role of UNICEF in monitoring the situation of children, and UNICEF will need to increase its ability to influence public spending in favour of children.

22. UNICEF support to local interventions evolved from traditional area-based activities, focusing on service delivery in selected communities, to integrated support to public policies linking the national and provincial levels and focusing on reducing inequalities and disparities. The MTR conducted in 2003 confirmed this direction as appropriate for the new country programme.

23. Argentinean academic institutions have shown enormous potential to generate and document knowledge. These can become even stronger allies in the design, implementation and evaluation of public policies.

The country programme 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Public policies for enhancing inclusion and equity	1 000	7 900	8 900
Social monitoring and mobilization for child rights	700	2 800	3 500
Cross-sectoral costs	1 300	2 000	3 300
Total	**3 000**	**12 700**	**15 700**

Preparation process

24. The country programme was prepared following the MTR and strategy meetings, which were carried out with the Ministries of Education, Health, Social Development, Labour and Economy, provincial authorities, non-governmental organizations (NGOs) and other United Nations agencies. The draft version was discussed with the National Council for the Coordination of Social Policies and the Ministry of Foreign Affairs.

Goals, key results and strategies

25. The overall goal of the country programme is to support the design and implementation of economic and social policies for children that are in line with the Convention on the Rights of the Child and the Millennium Development Goals.

26. The programme's expected results will include: (a) safeguarding, utilization and monitoring of budgetary allocations for children, especially in disadvantaged provinces; (b) convergent action by institutions providing basic social services for children, guided by clear social policies and coordination between the national and provincial levels; (c) timely and disaggregated data on the situation of children through the use of an officially established, child rights-based information system; (d) new alliances, particularly with the academic world, faith-based groups and social communication media; and (e) adolescents actively participating in programmes for the fulfilment of their rights.

27. The programme strategies will include: (a) strengthening coordination between social sectors and between national and provincial levels, in collaboration with the National Council for the Coordination of Social Policies; (b) expanding the focus and capacities of national health, education and social development programmes to adopt integrated, family-focused policies; (c) working with the Ministry of Economy to provide monitoring tools to improve social expenditures and coordinate social and economic policies; (d) reinforcing the capacity of child-centred data systems; (e) strengthening the Human Rights Secretariat's capacity to promote legal and institutional reforms and to enhance child rights education; (f) strengthening provincial social service institutions, NGOs and grass-roots organizations to protect children, especially in the poorest provinces; (g) mobilizing prominent citizens and key institutions to promote public awareness of child rights; (h) enhancing child and adolescent participation; and (i) expanding partnerships with the private sector, NGOs and the media.

Relationship to national priorities

28. The Government promotes federal social policies that emphasize ensuring food security and supporting local development and family empowerment, particularly of the most vulnerable. Accordingly, the Government has strengthened the National Council for the Coordination of Social Policies to improve planning and coordination of social policies at the national level and their coordination with international organizations. This includes establishing short-term social priorities and defining long-term strategies, consolidating the social budget and monitoring its management and impact. The objectives of the country programme are based on the Government's priorities, especially regarding the promotion of child rights and strengthening policies for early childhood and adolescents.

Relationship to international priorities

29. The Millennium Development Goals are the Government's framework for setting social policy priorities. The country programme will contribute to the goals for education, gender equality, child mortality, maternal health, HIV/AIDS and global partnerships. The National Council for the Coordination of Social Policies will be responsible for monitoring progress. The UNICEF country programme will emphasize communication and mobilization activities to support achievement of and monitor progress towards the Goals.

30. UNICEF will support the Human Rights Secretariat of the Ministry of Justice in the design of the national action plan for children, which will be based on the priorities of *A World Fit for Children* and the UNICEF medium-term strategic plan (MTSP).

Programme components

Public policies for enhancing inclusion and equity

31. The programme has four components: The first, on social investment policies, will advocate for increasing public social expenditures at national and provincial levels by: (a) supporting the national and provincial governments in improving budgeting and prioritizing basic social services; (b) designing a common methodology for measuring social expenditure on children; (c) carrying out studies for improving the quality of social expenditure; (d) promoting disclosure and transparent management of public financial resources; and (e) promoting dialogue and consensus to better articulate economic and social policies for the sustained protection of child rights.

32. The component on early childhood policies will encourage coordination between the Ministries of Health, Education and Social Development in formulating public policies and programmes for children under five years, with an integrated approach centred on the family. It will aim to build strategic alliances with churches, universities and civil society organizations (CSOs). Planned activities include: (a) supporting PHC; (b) promoting nutrition education programmes, including breastfeeding; (c) combating vertical transmission of HIV/AIDS; (d) providing technical assistance to institutions at national and provincial levels; (e) promoting coordinating mechanisms and early warning systems to prevent malnutrition; and (f) supporting education to increase family capacities to care for and protect young children and ensure their psychosocial development.

33. The component on policies for quality education for all will involve close collaboration with the Ministry of Education, with universities and CSOs to improve access to pre-school, primary and secondary education. Activities will include: (a) establishing early warning systems for monitoring drop-out and repetition; (b) advocating for the mitigation of risk factors such as child labour, adolescent pregnancy, decreased family income, domestic violence and child abuse; (c) providing technical support for an ongoing scholarship programme; (d) training teachers, communities and families about the right to education; (e) supporting reforms to improve the quality of education and to promote gender equity, non-discrimination and sensitivity to the varying needs of children from different backgrounds; and (f) facilitating coordination between the education and labour sectors to eradicate labour exploitation of children and adolescents.

34. The special protection policies component will emphasize protection of children from abuse, exploitation, discrimination and exploitative labour through advocacy and technical assistance for institutional and legal reforms. It will: (a) advocate for national and provincial laws that ensure integral protection of children and support nationwide application of existing laws inspired by the Convention on the Rights of the Child; (b) follow up on the recommendations made by the Committee on the Rights of the Child on Argentina's report; (c) promote a juvenile justice system in accordance with the principles of the Convention; (d) monitor the situation of institutionalized children and promote de-institutionalization; (e) support the establishment of information systems for assessing the situation of children needing special protection; (f) advocate for and provide technical assistance to institutional networks for the special protection of children; (g) promote media campaigns to increase public awareness of child rights.

Social monitoring and mobilization for child rights

35. The programme has three components: The first, an information system on child rights, to increase access to updated, systematic and comprehensive information on the fulfilment of child rights. It seeks to improve information flows and strengthen analysis and wide use of social indicators related to children, adolescents and women. Main activities will include: (a) advocacy for and support to specialized institutions responsible for data collection, processing and dissemination to set up an integrated national data system on child rights; (b) dissemination of updated, systematic and comprehensive data on children; (c) provision of technical and financial support for data analysis, emphasizing social investment and its impact on children; and (d) periodic reports for monitoring the achievement of the Millennium Development Goals and other international commitments.

36. The component on the citizens alliance for child rights aims to extend partnerships with key social actors or civil institutions able to influence public policy formulation. The main activities will be: (a) producing a series of advocacy materials on child rights; (b) organizing "observatories" of the fulfilment of child rights, based on data provided by UNICEF research and qualitative studies; and (c) mass media campaigns in support of these aims.

37. The institutional image and child rights component will cover activities related to improving the public image of UNICEF for fund-raising purposes and educating the public about programmes for children. It will help to involve organizations and individuals with the potential to become strategic allies for the promotion of child rights, including the private sector, and will promote dissemination of relevant information through the wide network of UNICEF donors.

38. **Cross-sectoral costs** cover technical support for several programmes and a percentage of administrative costs.

Major partnerships

39. The country programme will be implemented in close partnership with governmental institutions, especially the National Council for the Coordination of Social Policies and related ministries. Knowledge generation to support advocacy for child rights will require solid partnership with academic and research institutions. The private sector and ordinary citizens are crucial for UNICEF cooperation in Argentina, especially for its funding (currently around 80 per cent of the budget is financed by local fund-raising, supported by a data-base of 100,000 potential and active individual donors as well as alliances with the private sector). UNICEF will seek new alliances with companies and corporations with influence on the country's decision-making mechanisms.

40. UNICEF will work with specialized NGOs that are in close contact with families and communities. The Catholic Church and other faith-based organizations constitute important alliances for the promotion of early childhood development (ECD). Communication media will be crucial partners for advocacy and the dissemination of information.

41. Other United Nations agencies will continue to play important roles reinforcing and complementing UNICEF interventions. An inter-agency team is already active to support achievement of the Millennium Development Goals, and close partnership will continue with the United Nations country team and with the Pan American Health Organization (PAHO)/World Health Organization (WHO) and the International Labour Organization (ILO).

Monitoring, evaluation and programme management

42. UNICEF will design and implement an integrated monitoring and evaluation plan (IMEP) for the country programme. Key indicators to assess progress will include: school enrolment rates; repetition and drop-out rates by age; malnutrition, infant and maternal mortality rates; cognitive and psychosocial development of children under five years of age; incidence of abuse and exploitation; percentage of children and adolescents working; public social expenditure levels; and participation by media and other key social actors. These will also relate to the Millennium Development Goals. Implementation will be monitored through frequent visits to selected provinces and periodic monitoring and review meetings throughout the year, in addition to annual reviews and the MTR.

43. Regular resources will fund mainly staff salaries, administrative costs and cross-cutting issues such as communications, advocacy and social mobilization. Other resources, mainly raised through private sector fund-raising, will finance specific sectoral programmes such as ECD, legal reform and institutional systems as well as the direct costs of project implementation.

B. Chile

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	4.7
U5MR (per 1,000 live births)	12
Underweight (%, moderate and severe, 2001)	0.8[a]
Maternal mortality ratio[b] (per 100,000 live births, 2001)	17
Primary school enrolment (% net, male/female, 2000)	89/88
Primary school children reaching grade 5 (%, 1999)	100
Use of improved drinking water sources (%, 2000)	93
Adult HIV prevalence rate (%, 2001)	0.3
Child work (%, children 5-14 years old)	..
GNI per capita (US$)	4 260
One-year-olds immunized against DPT3 (%)	94
One-year-olds immunized against measles (%)	95

[a] Age group less than six years.
[b] The WHO/UNICEF/UNFPA estimate for MMR is 31 per 100,000 live births for the year 2000. This estimate is adjusted for misclassification and underreporting.

The situation of children and women

44. The surge in economic growth after Chile's return to democracy in 1990 saw increased social spending and improved social indicators. However, there continue to be dramatic gaps between income groups and unequal access to basic social services of good quality. These disparities can jeopardize future political and social stability if not properly addressed.

45. The National Policy and Integrated Plan of Action for Children and Adolescents 2001-2010 reflects the progress made in Chile to permeate public policies with a human rights approach. However, there is still a gap between a rights-oriented discourse and the actual legal framework and institutional practices. There is also the challenge posed by a vertically organized State, with limited articulation of services and programmes at local level, and by weak mechanisms for community participation in decision-making and in monitoring the use of public resources.

46. According to national statistics, the number of people living below the poverty line declined from 39 to 21 per cent between 1990 and 2000 and the number of people in extreme poverty from 13 to 6 per cent. However, a recent World Bank study showed that Chile has the second-worst income distribution in Latin America. There are also large disparities in terms of access to social security, health and education. The Child Index, developed by the Ministry of Planning and UNICEF, shows that proper conditions for child growth and development are most lacking in the more geographically isolated, rural or indigenous areas.

47. Despite high coverage rates for primary school (eight grades) and secondary education, with parity between girls and boys, there are significant disparities. Nearly one half of 14-to17-year-olds who are not in school belong to the poorest one fifth of the population, but only 2 per cent of them belong to the wealthiest fifth. A constitutional amendment was adopted to guarantee 12 years of education for all children and adolescents, and programmes are under way to ensure a full school day, to reduce the number of children who are not enrolled and to prevent children from dropping out of school. The main challenges are to improve the quality and equity of education, which have changed little over the last several years. Coverage is less extensive for pre-school education, with less than one fourth of children under four years enrolled. Again, there are income disparities: in the poorest fifth of the population, 53 per cent of 4-to-5-year-olds do not attend pre-school, as opposed to 23 per cent in the wealthiest fifth. Disparities also exist in terms of learning achievements, with social exclusion consolidating from the early stages of life.

48. Indicators for maternal and infant health are good compared with those of most other Latin American countries, but there are still important differences in the quality of public and private health care. Information about HIV/AIDS continues to be inadequate. The Joint United Nations Programme on HIV/AIDS estimated that by late 1999, Chile had an HIV prevalence rate of 0.19 per cent and 15,000 people living with HIV/AIDS. Limited work is being carried out for HIV/AIDS prevention, and current actions are not addressed specifically to adolescents. Issues such as drug abuse, teenage pregnancy and lack of information appropriate for adolescents are not adequately addressed.

49. UNICEF surveys detecting high rates of domestic violence have placed the issue on the public agenda. Little, however, has been done in the way of prevention.

50. A gradual but significant shift is taking place with respect to the role of the family in public policy. Instead of being viewed as a vulnerable element to be superseded by the State or private institutions if it falls short of meeting its responsibilities, the family is, in line with the Convention on the Rights of the Child, increasingly seen as a child's primary care provider and in need of strong support through social policy.

51. Children and adolescents face several challenges in terms of protection. Estimates of child labour are outdated, but the findings of a new survey are due at the end of 2004. The current system for juvenile protection and justice confuses protection for children and adolescents whose rights are threatened or violated with punishment for adolescents in conflict with the law. The media tends to stigmatize poor adolescents as being dangerous, giving the impression that adolescent crime is on the rise, a view not supported by the limited available statistics.

52. Adolescents do not have adequate means by which to make their voices heard and to participate. Public policies offer few such channels. Adolescents are treated with condescension, especially by the more conservative elements of society, who exert great influence. This fact was highlighted by the Committee on the Rights of the Child, which noted the prevalence of authoritarian and paternalistic attitudes towards children, especially among the poorest.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

53. In 2002-2003, UNICEF contributed to consolidating the national consensus on the right to a quality education, including the constitutional reform guaranteeing 12 years of mandatory and free education to all Chilean children. For the first time, the experiences of schools in low-income areas with good learning achievements were analysed as a way to improve UNICEF support to policies for improving the quality and equity of the entire school system. UNICEF also promoted the informed demand for education and supported parents' involvement in the school community.

54. UNICEF supported a series of legal reforms by providing technical assistance to Parliament, different ministries and other public and private institutions. These included the adaptation of local legislation to the Convention on the Rights of the Child, the presentation to Congress of a bill on juvenile justice, and the passage of a bill prohibiting discrimination and mistreatment in school. The Optional Protocol to the Convention on the Rights of on the sale of children, child prostitution and child pornography was approved. The Code of Criminal Procedure was amended to limits children's internment and, in general, to reinforce the rights of adolescents who have been charged with a crime. A new law on sexual crimes against children and adolescents was passed and discussion began on a reform bill to create a family court system.

55. UNICEF also contributed to building institutional and professional capacities in the judicial branch and civil society, including training of prosecutors, staff of the Attorney General's Office, public defenders and NGO personnel. A total of 31 child

rights protection offices are now operating at the community level, replicating a model promoted by UNICEF. The National Minors' Service (Servicio Nacional del Menor (SENAME)) is slowly starting to use alternative approaches for children placed in residential care, promoting reunification with the family. Lawyers, judges, academics, social workers, community leaders and policy makers have been trained in the rights-based approach and family issues, through courses and organized by UNICEF in cooperation with major universities.

56. As part of this capacity-building effort, UNICEF played a role in making social programmes and services more flexible and relevant to the needs of children and families in their local environment. UNICEF helped to strengthen the capacities of counterparts, networks and regional and local services to implement rights-based interventions, especially with regards to child abuse, child labour and children placed in institutions. Local basic services networks are now operating in the regions of Antofagasta, Valparaiso and Araucania, comprising organizations in the public sector and civil society, universities and municipalities.

57. UNICEF helped to widen knowledge about the situation of Chilean children, including disparities, as basis for sound policy-making. Technical assistance was provided to the Ministry of Planning to develop the Child Index, which national, regional and municipal governments are using to re-evaluate the situation of children living in different conditions and geographic areas and to mobilize public resources in favour of children.

58. UNICEF helped to raise the awareness of students, teachers and counsellors about child labour and ways to prevent school drop-outs by supporting campaigns of the Ministries of Labour and Education and the National Teachers' Union. It also helped to enhance family capacities to protect children by training coordinators of municipal social programmes and local service providers from four different regions of the country. Technical assistance was provided for training of health service workers and SENAME civil servants in prevention of child abuse, and support was given to a well-known NGO to implement and systematize a new methodology for working with mothers and children who are victims of domestic violence.

59. Support continued to the Ministry of Health for the Baby-Friendly Hospital Initiative. Information on breastfeeding was improved following the fourth national breastfeeding survey conducted in 2003.

60. A pilot experience in working with young people to prevent HIV/AIDS transmission was developed and systematized. UNICEF participated in the work of the United Nations theme group to develop and implement a project approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Lessons learned

61. The MTR found that UNICEF enjoys great ethical and technical credibility in Chile, which allows it to raise awareness of problems, contribute to the definition of public policies and serve as a critical partner to both government and civil society. The new country programme should plan for strengthened interventions in the areas of adolescents, indigenous children, early childhood and children with disabilities. UNICEF should also continue supporting the local implementation of public policies, with particular emphasis on the family.

62. In accordance with the policy on allocation of regular resources approved by the Executive Board, in 2007 Chile will stop receiving regular resources for its country programme. However, the Government has agreed that UNICEF should continue to have a presence in Chile after that time, given the significant contribution it is making. UNICEF will work with the Government and private sector to refine its fund-raising strategy and consider other means of funding.

The country programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Legislative and institutional reform	90	900	990
Public social policies for children	150	1 650	1 800
Communicating and mobilizing for children's rights	210	440	650
Cross-sectoral costs	450	310	760
Total	**900**	**3 300**	**4 200**

Preparation process

63. The MTR was attended by three Ministers and other high-level officials, local authorities, community and union leaders, academics, researchers, the police and all United Nations agencies present in Chile. Through a technical committee, the Council of Ministers for Children, chaired by the Minister of Planning, examined the progress made under the previous country programme and identified key items to be incorporated into the new programme. UNICEF also worked closely with the Ministry of Foreign Affairs, its main political counterpart.

Goals, key results and strategies

64. The objective of the country programme is to help construct a future in which all Chilean children and adolescents exercise their human rights equally. Together with other partners, UNICEF will seek three strategic results: (a) the rights of children and adolescents will be guaranteed by a juridical and institutional framework in accordance with the Convention on the Rights of the Child; (b) children and adolescents will benefit from public policies that ensure their full development and contribute to the reduction of disparities and the elimination of discrimination based on income or ethnic, gender, cultural and social distinctions; and (c) Chilean society will know and respect the rights of children and have the ability to guarantee those rights.

65. The country programme strategy responds to the relatively advanced degree of social and institutional development of the country, focusing on: (a) provision of high-level technical assistance to promote and accompany the formulation of public policies for children and the development of new modes of intervention; (b) support for strengthening national capacities, contributing to the development and consolidation of the critical mass required by Chile to ensure that the rights of

children and adolescents are duly protected; (c) the formation of alliances between different partners; (d) advocacy in favour of children; (e) support to central and local levels for the implementation of public policies; (f) strengthening the capacities of rights holders to demand services and other interventions; and (g) facilitating access to and knowledge of successful experiences in other countries, as well as dissemination of Chilean best practices abroad.

Relationship to national priorities

66. The National Policy and Integrated Plan of Action for Children and Adolescents 2001-2010 is the framework for the programme of cooperation. The close links between the priorities of these two documents are reflected in the attention given to issues such as improving quality and equity in education, building a modern juvenile justice and protection system, and strengthening the prevention of family violence and child abuse.

Relationship to international priorities

67. UNICEF has actively participated with United Nations agencies and the Government in reporting on the Millennium Development Goals and in establishing more demanding national goals. The country programme plans interventions in support of poverty reduction, response to HIV/AIDS, promotion of gender equality and quality and equality of education. The country programme is founded on the provisions of the Convention on the Rights of the Child. It also aims to implement other international commitments, particularly for Education for All and the relevant ILO Conventions.

Programme components

Legislative and institutional reform

68. This programme has two components aimed at building a legislative and institutional environment conducive to the fulfilment and protection of children's rights. The first, on legislative reform, will focus on supporting Parliament in aligning the legal framework to the Convention on the Rights of the Child and other international human rights instruments. Emphasis will be placed on family law, the juvenile justice system, the right to education, child labour legislation and implementation of the Optional Protocol on the sale of children, child prostitution and child pornography.

69. The second component will aim to accommodate the institutional framework to legislation and policies based on the Convention on the Rights of the Child. This will include assisting the Ministry of Planning in its work with the Council of Ministers for Children, dealing with emerging issues and fostering greater intersectoral articulation of policies and programmes. Further support will be given to de-institutionalization of children and to constructing local and community social services for protecting children's rights. Technical assistance and training will be provided to judges, lawyers and prosecutors, the police force, municipalities, social protection programmes, child rights protection officers and SENAME.

Public social policies for children

70. This programme has four components. The first, on quality of education, aims to promote better and more equitable learning achievements, a respectful school environment and the participation of families in school life and management and in defending children's right to education. In cooperation with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Ministry of Education, UNICEF will support the development of innovative strategies to eliminate disparities. Issues to be addressed are the high numbers of school drop outs, the academic failure of poor children and the exclusion of children with special educational needs. UNICEF will also promote an education system that prepares adolescents for the work world, future family and community life and democratic participation.

71. The early childhood component aims at giving children the best start in life, particularly by strengthening the role of the family as the primary caregiver. In cooperation with the United Nations Development Programme (UNDP) and other partners, UNICEF will provide technical assistance to strengthen parental and family competencies, including actions that are part of the nationwide poverty eradication programme. UNICEF will support the Government's increased political commitment to expanding coverage and improving the quality of early childhood services and education, to promoting the participation of fathers in child-rearing, non-violent behaviour, gender sensitivity and breastfeeding. Support will be given to strengthening the capacities of local community workers dealing with families and to creating a network for training of trainers in different regions of the country.

72. The child protection component aims to have children effectively protected from violence, abuse, exploitation and discrimination. In cooperation with ILO, UNICEF will continue supporting actions for the prevention and elimination of child labour, particularly through interventions to reduce the number of school drop-outs and ensure improved school attendance and learning by the poorest students. UNICEF will promote incorporation of objectives to eradicate child labour into poverty reduction programmes. To combat child abuse and the sexual abuse, commerce and exploitation of children, UNICEF will promote the adoption of special measures within the education and health systems, and the expansion of coverage by rehabilitation services. Professionals will be trained to deal with child victims of family violence and to prevent cross-generational transmission of violence.

73. The HIV/AIDS component seeks to reduce the number of children and adolescents being infected with HIV by promoting preventive work with adolescents and the reduction of mother-to-child transmission of the virus. UNICEF will promote thorough monitoring of national health standards practices for avoiding vertical transmission. Support will be provided to initiatives aimed at providing information to adolescents and opportunities for their participation in programmes. Other interventions will influence social policies, especially in the areas of health, education and youth, that can be scaled up by government organizations or NGOs. UNICEF will continue to work with the United Nations theme group on the implementation of the project approved by the Global Fund.

Communicating and mobilizing for children's rights

74. This programme has two components. The *Voice of Children* project aims to create a more positive view of adolescence, now generally viewed as a "problem", and to raise awareness about adolescents as subjects of rights and actors in their own development and social integration. The project will promote opinion polls involving adolescents; the collection and analysis of information on the situation of adolescents, using a rights perspective; the strengthening and publicizing of concrete and innovative experiences of working with and for adolescents; and the training of social actors that work directly with adolescents.

75. The media and knowledge centre component will continue to strengthen the capacity of public and private institutions to know, monitor and demand fulfilment of children's rights at the national and regional levels. UNICEF will reinforce its work with the mass media to disseminate information on child rights and communicate the view that problems affecting children and adolescents are violations of their rights. This is intended to strengthen the commitment of the various levels of government, NGOs, the private sector and the general public to fulfilling the rights of children. Communication efforts will also seek to increase the public's knowledge of the mission of UNICEF and its achievements in Chile. This will help to reposition UNICEF as an institution that needs local donations to sustain its work for children in the country.

76. **Cross-sectoral costs** cover technical assistance providing services for several programmes and a proportion of common operational costs.

Major partnerships

77. The country programme is coordinated by the Ministry of Planning in its capacity as Chair of the Council of Ministers for Children. Other government counterparts include the Ministries of Education, Justice and Labour, the Office of the Attorney General, the Judiciary, the Parliament, SENAME, the National Women's Service and regional and local authorities.

78. In addition to other United Nations organizations, UNICEF will continue to establish partnerships with prominent NGOs working at national level, while providing technical support to network between local NGOs. Partners include the National Association of Municipalities, the Teachers' Union, the media, private sector groups and corporations, and child rights NGOs. New steps towards consolidating alliances with universities will help to improve effective and sustainable capacity-building. UNICEF will provide technical support and other inputs to the establishment and consolidation of local networks of public organizations and NGOs.

Monitoring, evaluation and programme management

79. UNICEF will provide ongoing support to government and civil society efforts in monitoring the fulfilment of children's rights. With technical support from the Economic Commission for Latin America (ECLAC) and universities, collaboration will continue with the Ministry of Planning, particularly towards the establishment of a social information system containing a module dedicated to children issues. Further assistance will be provided to the dissemination, use and updating of the Child Index. Efforts will also address the scarcity of information and need for

improvement of data gathering in certain thematic areas such as family violence, child abuse and exploitation, adolescent participation and HIV/AIDS.

80. Programme activities will be monitored according to a strengthened IMEP, as well as the basic programme management controls suggested by the self-assessment guidelines prepared by the Office of Internal Audit.

81. Regular resources will be used mainly to finance technical assistance in advocacy, social communication. Other resources primarily will finance limited common operational costs, related to the institutional presence of UNICEF at certain milestone events.

82. Given that Chile will not qualify for support from regular resources after 2007, UNICEF will work to develop a different type of presence in the country. Various organizational and financial options will be explored, including the possibility of forming a Children's Rights Knowledge Centre or a pre-National Committee for UNICEF. The MTR will analyse progress in this direction.

C. Uruguay

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	1.0
U5MR (per 1,000 live births)	15
Underweight (%, moderate and severe, 1994-1995)	5
Maternal mortality ratio (per 100,000 live births, 2000)	27
Primary school enrolment (% net, male/female, 2000)	90/91
Primary school children reaching grade 5 (%, 1999)	91
Use of improved drinking water sources (%, 2000)	98
Adult HIV prevalence rate (%, 2001)	0.3
Child work (%, children 5-14 years old, 1999)	2.1
GNI per capita (US$)	4 370
One-year-olds immunized against DPT3 (%)	93
One-year-olds immunized against measles (%)	92

The situation of children and women

83. Uruguay traditionally has had fewer regional and social disparities than other countries in the region, and economic growth during the 1990s brought reduced poverty rates. However, economic recession has reversed this trend, with the proportion of families living in poverty rising from 10 per cent in 1999 to 15 per cent in 2002. A corresponding increase in poverty and marginalization among children has led to greater attention and sensitivity to the situation of children. However, this sensitivity is too often translated into an emergency response, rather than addressing core issues affecting children's rights. Although public social networks reduced the impact of the crisis, the vulnerability of children and adolescents during times of economic recession was clearly demonstrated.

84. Through several capacity-building programmes, UNICEF has achieved increased focus on child rights, but the impact on public policies is still limited and few CSOs are actively engaged in advocacy for child rights. Although there are public sectoral policies directed towards children, there is no integrated social policy for children and adolescents, even though efforts have been made in this direction. A national plan of action for children and adolescents is expected to be finalized by October 2004.

85. Although Uruguay has the second-highest level of public social expenditure in the region, the percentage assigned to children is low. By contrast, almost 70 per cent is devoted to social security, mainly pensions, according to ECLAC. The scarcity of resources devoted to other programmes makes it difficult to solve the increasing problems of poverty and marginalization and to improve the quality of public service delivery. Public expenditure in basic and secondary education is approximately 3 per cent of gross domestic product and there are significant social and economic disparities regarding access to, and quality of, education and health services.

86. Priority has been given to early childhood education: two thirds of children aged three to five years and 80 per cent of four-to-five-year-olds attend pre-school. There is also a plan to double the coverage for poor children under three years, from 20 to 40 per cent, but it will be a challenge to consolidate this plan. Primary-school enrolment is almost universal, but there are major problems in terms of quality, such as too many pupils per teacher and high repetition rates. In some poor areas of Montevideo, first-grade repetition rates are as high as 40 per cent. Quality is also poor in secondary education, where drop-out rates are causing concern, especially for the poorest sectors. Only one out of five adolescents entering public school is able to reach the last academic year without repeating a year. Although a policy of 10 years of compulsory education was introduced in 2003, only 60 per cent of students manage to complete this cycle. Those who abandon the educational system tend to face higher unemployment, poor-quality jobs, low income and difficulties in overcoming poverty. There is no discrimination against girls in terms of access, as girls reach higher levels of education than boys do.

87. Approximately 5 per cent (50,000) of children and adolescents aged 5-17 years work. Some 30 per cent of 12-14 year olds and 61 per cent of 15-17 year olds who work do not attend school. A National Plan for Child Labour Eradication has been created, but more action still needs to be taken.

88. The country has a tradition of universal health service coverage, and national indicators for immunization coverage and infant mortality have reached relatively good levels. However, the IMR can be five times higher in the poorest neighbourhoods of Montevideo than in the richest. The Ministry of Public Health has expressed concern over recent data that suggest low immunization coverage in some marginalized areas. Malnutrition has also emerged recently, particularly among adolescent mothers and children under two years old. Breastfeeding rates are relatively high compared with other countries in the region, but they have stagnated in the last four years.

89. Although the prevalence of HIV/AIDS is low, it is increasing in the general population. Significant resources have been allocated for the treatment of people living with HIV/AIDS and for reducing vertical transmission of HIV. However, actions are insufficient in terms of prevention, especially for adolescents, who have

few possibilities to access information. Risky behaviour associated with drug abuse among adolescents is a concern, as is adolescent pregnancy, but few programmes are directed towards healthy lifestyles for adolescents.

90. The main comments of the Committee on the Rights of the Child on Uruguay's first and only report, in 1996, have not been addressed. These include comments about the lack of legal reform based on the Convention on the Rights of the Child, insufficient data collection on the situation of children, lack of coordinated public policies for children, an insufficient budget for basic social services and the high number of children in institutions. The existing Minors' Code, for example, dates from the 1930s and is inconsistent with the Convention. More than 80 per cent of children and adolescents living in institutions have been deprived of liberty because of their economic and socially disadvantaged situation. Efforts are still needed to ensure effective alternatives to institutional care. There is a trend to reduce the number of children in institutions but it is hindered by systemic difficulties and lack of resources to support the families of these children.

91. Child abuse was documented by a UNICEF study in 1999, when 34 per cent of girls and 43 per cent of boys said they had suffered from some kind of violence, and recent reports of violence confirm the importance of this issue. A new law and action plan on domestic violence reflect greater attention to violence but they lack a special focus on children. Institutions taking care of child victims lack coordination and have not adopted the best interests of the child as their primary concern.

92. Adolescents do not have much opportunity for participation, and their views seldom are taken into consideration in decisions affecting them. In connection with increased concern about security and violence, adolescents often have been associated in the public's mind with criminal and deviant behaviour. However, a recent investigation supported by UNICEF shows that the number of offences and criminal acts committed by adolescents has been stable in recent years. The study also showed that the proceedings in juvenile penalty cases do not guarantee adolescents' rights, as the established norms have not been adapted to the Convention on the Rights of the Child.

93. Even though public institutions and academic centres regularly produce data of good quality on child issues, sufficient information is still lacking on important child rights issues, such as birth registration, disabled children, juvenile justice, children living in institutions and domestic violence. Consequently, a thorough monitoring of the situation of children and adolescents for the development of adequate and efficient public policy is not possible.

Key results and lessons learned from previous cooperation 2002-2004

Key results achieved

94. UNICEF helped to bring to Parliament a thorough discussion on the proposed Child Code and engaged in active advocacy and contact with parliamentarians, civil society and the media. Largely as a result of these efforts, articles in the Code that conflicted with the Convention on the Rights of the Child were modified. UNICEF also successfully raised awareness of, and stimulated debate on, several important child rights issues, including de-institutionalization (with the subsequent beginning

of a dialogue with the National Institute for Minors on alternatives to institutional care of children); juvenile justice; the impact of changes in family structures on children and adolescents; breastfeeding and nutrition; and child labour and its impact on school drop-out rates. This was achieved largely through promotion of new knowledge and analysis of the situation of children and adolescents and through the training of professionals in rights issues.

95. The early childhood care programme for children under three years who are living in poverty (*Centros de Atención a la Infancia y la Familia* (Plan CAIF)) expects to have duplicated its coverage, from 20,000 to 40,000 children, by the end of 2004, reaching 40 per cent of the target group. This programme works with a methodology developed with UNICEF support, which involves families and local communities in the activities of the centres, providing information and training on nutrition, breastfeeding and childcare.

96. Treatment of child victims of violence and abuse has been improved in four provinces, largely as a result of UNICEF support for the creation of networks among institutions in the education, health and legal systems. Key actors in these networks have been trained in the prevention and detection of violence and abuse, and have been sensitized to these issues. The creation of networks has started in five additional provinces, and the encouraging results of the methodology might lead to further replication.

97. The positive impact of adolescent participation in the education system was demonstrated through a pilot project supported by UNICEF in cooperation with the education authorities. Adolescents in eight secondary schools throughout the country formulated and implemented various projects, for example those involving use of school spaces, lectures on key child rights issues and information exchange with other schools. Approximately 100 teachers and 250 adolescents were involved in the project, which combined the training of adults in child rights and in facilitation of participation with raising of adolescents' awareness about their rights. The experience was documented through interviews with adolescents and teachers. By the end of the project, adolescents generally demonstrated greater self-esteem and motivation as well as improved relationships with teachers and other adults. The goal is to continue the dialogue with the education authorities with a view to expanding the programme and involving the teachers more actively.

Lessons learned

98. Knowledge generation and analysis have become key strategies of UNICEF in Uruguay, filling information gaps, stimulating public debate on central issues and facilitating advocacy for children's rights in public policies. During the MTR, counterparts from government, civil society and academic institutions highlighted the important role played by UNICEF in generating new information, and called for the continued strategic role of monitoring the situation of children and advocating for child-rights-oriented public policies.

99. Capacity-building of professionals in institutions dealing with children has proven to be an important strategy for institutional change in Uruguay. Through the training of around 600 judges, lawyers, teachers, police and social workers, UNICEF has been able to promote the child rights approach to programming and the modifying of institutional practices in accordance with the Convention on the Rights of the Child. Participatory methods in the design and implementation of the training

have made it more relevant and the participants more committed. UNICEF also has been able to establish new alliances through this work, which will help to further capacity-building and cooperation in the pursuit of institutional change.

100. In the course of the current country programme, UNICEF has cooperated with government institutions and CSOs in pilot projects to develop new methodologies of intervention for children, especially in working with child victims of violence and sexual abuse, and on adolescent participation in secondary schools. The positive results of these experiences provide the basis for a continued dialogue with relevant authorities on how to use them for improving institutional practices and public policies.

101. The recent increase in the number of children living in poverty demonstrated that the present country programme did not give sufficient attention to promoting greater investment in public social policies in favour of children, adolescents and their families. UNICEF should play a greater role in supporting analysis of, and stimulating debate on, investment for children, focusing on quality education for all as a central strategy for poverty reduction and socio-economic development.

The country programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Investment and public policies for children	700	1 600	2 300
Social mobilization and institutional reform	900	1 000	1 900
Cross-sectoral costs	400	200	600
Total	**2 000**	**2 800**	**4 800**

Preparation process

102. The combined MTR and strategy meeting included four consultative workshops, with the participation of government institutions, CSOs, academic institutions and parliamentarians. The consultations focused on thematic issues related to knowledge-generation and monitoring of child rights, education and health, as well as the legal framework. UNICEF consulted other United Nations agencies in the development of the new country programme.

Goals, key results and strategies

103. The long-term goals of UNICEF cooperation are to ensure that all children and adolescents: (a) benefit from higher social investments and public policies in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (b) grow up in a society that has a greater awareness, willingness and capacity to realize their rights, and a legal and institutional framework that fully guarantees children's rights.

104. Together with governmental and non-governmental counterparts and United Nations agencies, UNICEF will seek to achieve the following key results: (a) children are given priority in the national budget and benefit from public policies that can secure the realization of their rights; (b) children complete at least 10 years of quality education; (c) children under five years, especially from poor families, have access to early childhood services that strengthen parental and family competencies, reduce malnutrition and infant mortality rates and improve preparation for school; (d) adolescents have access to programmes that promote good health and HIV prevention; (e) society knows, respects and promotes the rights of children and adolescents; (f) the legal framework and institutional practices are in accordance with the Convention on the Rights of the Child; (g) children are protected against violence, abuse and exploitation; (h) adolescents have access to a juvenile justice system based on the Convention; and (i) more children and adolescents have access to alternatives to institutional care.

105. The main strategies of the country programme will be: (a) generation of knowledge on the situation of children in order to raise social awareness and improve public policies; (b) promoting social mobilization and participation in monitoring children's rights and demanding the universal fulfilment of those rights; (c) support for the building of a national consensus on children issues; (d) advocating for children's rights; and (e) capacity-building to enable institutions and CSOs to assume a rights-based approach and improve their practices.

Relationship to national priorities

106. The national priorities currently being established by the Government and CSOs for a national plan of action for children have been taken into account in the new country programme. During the country programme preparation, representatives from governmental, civil society and academic institutions participated in the definition of priorities and a strategic approach.

Relationships to international priorities

107. The country programme is focused on supporting the Millennium Development Goals, especially those relating to poverty reduction, universal basic education, child mortality and HIV/AIDS, as well as the goals of *A World Fit for Children*, and is guided by the Convention on the Rights of the Child.

Programme components

Investment and public policies for children

108. This programme has three components. The first on social investment for children, is a new strategic component, conceived as a direct response to the low levels of social expenditure for children. It will focus on: (a) advocating for higher and more equitable and efficient public expenditure in favour of families and children, and mobilizing decision makers and civil society towards this goal; (b) monitoring the national budget and public social expenditure for programmes benefiting children and developing a suitable methodology for budget analysis; and (c) providing technical assistance to the formulation of public policies aimed at securing the basic needs of all children.

109. The second component, on education, involves assisting efforts to overcome the main obstacles to fulfilling the right to education. This component will: (a) promote the completion of 10 years of quality education by providing technical assistance to fight academic failure in primary and secondary schools; (b) generate information on topics such as school drop-out and the integration of disabled children into school; (c) support programmes aimed at improving educational equity; (d) create new spaces for adolescent participation in the education system, based on successful pilot experiences developed under the current cooperation programme; and (e) create a culture of rights at schools, with particular emphasis on training of primary and secondary teachers.

110. The health, nutrition and HIV/AIDS component aims to support national efforts to overcome the main health and nutrition problems affecting children, especially those related to poverty and marginalization. The health and nutrition activities will: (a) promote an integrated early childhood approach in all infant programmes for children under three years; (b) provide technical assistance to the Plan CAIF and advocate for increased coverage of children; (c) support campaigns for the promotion of breastfeeding, especially among adolescent mothers; (d) assist the Ministry of Health in developing immunization campaigns and food supplementation programmes directed to vulnerable children; (e) encourage greater attention to adolescents' health issues, particularly the promotion of healthy lifestyles and prevention of pregnancy; (f) promote adolescents' access to information on HIV/AIDS; (g) support programmes to prevent mother-to-child-transmission of HIV; (h) strengthen the actions of the country team thematic group on HIV/AIDS; and (i) support the Ministry of Health in monitoring the HIV/AIDS epidemic.

111. Major partners will include the Budget and Planning Office, Parliament, the National Administration of Public Education, the Ministry of Health, the National Institute for Minors, the Ministry of Labour and Social Security, the Social Security Bank, CSOs and United Nations agencies.

Social mobilization and institutional reform

112. This programme is made up of three components. Monitoring child rights, the first, aims to: (a) promote permanent monitoring of progress on child rights fulfilment, with the involvement of government, civil society and academic institutions; (b) strengthen local capacities in data collection and analysis on the situation of children; and (c) support dissemination of information on issues affecting children.

113. The social mobilization for child rights component aims to foster the commitment of government, civil society and the private sector to fulfil children's rights and to promote a better understanding among families of their rights and responsibilities. This will be achieved through: (a) continuous communication activities on the situation of children; and (b) training journalists and developing strategic alliances with mass media.

114. The child protection component aims to: (a) advocate and provide technical assistance for adapting legislation to the Convention on the Rights of the Child and other international human rights instruments, with particular emphasis on family law and juvenile justice; (b) train judges, lawyers, social workers, police and personnel from social institutions in Convention-oriented policies and practices;

(c) support the development of alternatives to institutional childcare; (d) contribute to child labour eradication, mainly by supporting the National Plan for Child Labour Eradication; and (e) strengthen institutional capacities to protect child victims and prevent abuse and exploitation.

115. Counterparts will include the National Statistics Institute, the University of the Republic and other academic institutions, the National Justice System, the Ministry of the Interior, the National Institute for Minors, the Association of Lawyers of Uruguay, the National Police School, civil society, media and United Nations agencies.

Cross-sectoral costs

116. Cross-sectoral costs cover technical assistance providing services for several programmes and a proportion of common operational costs. Regular resources will be used mainly to finance local technical assistance for the programme. Other resources will primarily finance limited common operational costs.

Major partnerships

117. A strategy will be maintained of creating and strengthening partnerships with governmental institutions, Parliament, civil society, academic institutions, media and the private sector. The National Institute for Minors will be an important partner, as will the institutions of the judicial system (the Supreme Court, the Attorney General and the police), the National Administration of Public Education, the Ministry of Public Health, CSOs (especially the Uruguayan Committee for the Rights of the Child), and academic institutions.

118. The work to support social investments in families and children will be developed with UNICEF, UNDP, the Government, Parliament, academic institutions, civil society and the media. International support will also be sought, as will a sharing of experiences from other countries in the region and beyond. The private sector will be an important partner in social mobilization and fund-raising. An aggressive fund-raising strategy will be carried out to take advantage of the existing untapped potential in the private sector. Media organizations will also be strategic partners, and special efforts will be made to increase their capacity to support child rights. Increased coordination and cooperation will take place with UNDP, especially in the area of social investment, with UNESCO in the area of secondary education, and with PAHO/WHO on immunization.

Monitoring, evaluation and programme management

119. The monitoring and evaluation of the situation of children from a child rights perspective will be an important contribution to the policy process in Uruguay. UNICEF will give priority to strategic alliances with the National Institute of Statistics, academic institutions and CSOs, coordinating actions with other United Nations agencies, and will support and provide technical assistance to improving the collection of data in key areas.

120. Integrated monitoring and evaluation systems will examine both the implementation of country programme activities and progress made on indicators related to the UNICEF MTSP. These include: children completing 10 years of compulsory education, coverage of early childhood programmes, the rate of exclusive breastfeeding for children six months old, IMR, the percentage of public social expenditure devoted to policies in favour of children, the effectiveness of the new Child Code passed in Parliament, the number of provinces with active networks to prevent sexual abuse and violence, the number of working children under 15 years, immunization rates, the prevalence of iron deficiency among pregnant women and mother-to-child-transmission of HIV, and the number of adolescents with access to information on HIV/AIDS.